

City of Charleston
An Equal Opportunity Employer
174 East Bay Street, Third Floor
Suite 302
Charleston, SC 29401

(843) 724-7388 Phone (843) 724-7358 Fax **www.charleston-sc.gov**

(Fold Line)

(Fold Line)

Place Stamp Here

Please fold, seal and mail to:

CITY OF CHARLESTON

Human Resources 174 East Bay Street, Third Floor Suite 302 Charleston, SC 29401 Database Number HR Use Only



(843) 724-7388 Office (843) 579-7505 Fax (843) 720-3907 Jobline

hr@charleston-sc.gov

This application must be completed in full and signed. Incomplete or unsigned applications will not be considered. By filling out this application you are neither guaranteed an interview nor a job. The City of Charleston is an employment at will organization and, therefore, the employer or employee can terminate employment at any time without notice. Be aware that certain information contained in this completed job application may be subject to the Freedom of Information Act. If you are selected for an interview, you will be notified by the hiring department.

Position: (one position per application)			Date of Application			
Last Name	First Name		Middle Name			
Address		City	State Zip Code			
T		F '1 4 11				
Home Telephone Cell Phone Number	Alternate Contact Number	Email Address				
Referral Source Description: Newspaper Description: Job Service City's Jobline TV Ad/Cable	☐ Walk-In	lk-In				
Have you ever been an employee of the City Char	leston? Yes No	I am currently a City em	ployee			
If yes,	Posi	ition	Dates: From To			
Do you have any relatives employed here? \(\begin{array}{c}\Delta\) Y			2400. 110111 10			
- yy		Name Depar	rtment Relation			
Are you able to provide proof that you are authorize	zed to work in the United Sta	ntes?				
Have you been convicted of a felony or plead "no	contest" to a felony charge v	vithin the past seven years	? 🗆 Yes 📮 No			
Do you currently have <u>any</u> criminal charges pending (Note: an answer of "Yes" does not necessarily mean you will If yes, please specify date(s) and nature	not be considered for employment).					
AVAILABILITY			w 1 D 2 :			
☐ Immediately ☐ After two week notice ☐ Full-Time (37.5 or more hours per week) ☐ Part-Time (Less than 37.5 hours per week) ☐ Rotating Shifts ☐ Outdoors ☐ Temporary (no benefits) ☐ Rotating Shifts ☐ Holidays						
EDUCATION Beginning with high school, provide inform	_		cal schools and trade schools.			
	Circle Highest					
Name and State of School	Level Completed	Degree	Major			
High School	9 10 11 12					
Trade/Technical School	1 2 3 4					
Undergraduate School	1 2 3 4 5					
Graduate School/ Post-Graduate School	1 2 3 4 5					
Graduate School/ Post-Graduate School	1 2 3 4 5 6					
List any Professional or Name of Certi	fication Issuing	Organization I	<u>Ssue Date</u> <u>Expiration</u> Date			
Trade Certifications that you have.			Date			
FORMAL TRAINING You may be required to provide verification.						
		Data(s)	Complete 49			
	rification. resented by	Date(s)	Completed?			

EMPLOYMENT EXPERIENCE

List jobs starting with your *present or most recent job*. Include any military experience. Account for all employment/educational activity within the last 7 years. A Résumé may be attached but does not take the place of this form. If you need more space, please attach a separate sheet or an *Additional Employment Experience* form.

Company Name		Telephone	Dates Employed From	То	
Address		, ,	☐ Full-Time ☐ Part-Time		
Job Title	Name of Supervisor		May we contact this employer? Yes No		
Describe Duties			Reason for leaving		
			Start Salary	End Salary	
List tools, equipment and compute	er software utilized in this position.				
Company Name		Telephone	Dates Employed From	То	
Address			☐ Full-Time ☐ Part-Time		
Job Title		Name of Supervisor	May we contact this		
Describe Duties			Reason for leaving		
			Start Salary	End Salary	
List tools, equipment and compute	er software utilized in this position.				
Company Name		Telephone	Dates Employed From	То	
Address		,	☐ Full-Time ☐ Part-Time		
Job Title		Name of Supervisor	May we contact this	1 *	
Describe Duties			Reason for leaving		
			Start Salary	End Salary	
List tools, equipment and compute	er software utilized in this position.				
Company Name		Telephone	Dates Employed From	То	
Address		,	☐ Full-Time ☐ Part-Time		
Job Title		Name of Supervisor	May we contact this		
Describe Duties			Reason for leaving		
			Start Salary	End Salary	
MILITARY STATUS: Have vo	ou served on active duty in the U.S. Armed Forces?	Yes* No *If yes, please attach	a copy of your unde	eleted discharge	
papers (DD214) which includes i	nformation about your separation and characterization	of the discharge and complete a	nd submit the milita		
	dendum is available at the Human Resources Office of		v/employment		
Typing / Word Processing	Indicate the number of words per minute you can	type without error:			
Computer Software	Indicate the types of software you are skilled in using: ☐ Windows ☐ Word ☐ Excel ☐ PowerPoint ☐ Access ☐ Outlook ☐ Internet Other				
Telephone Experience	Have you operated a multi-line phone? ☐ Yes □	No Number of Lines?	Years of experie	nce?	
Driver's License	Do you have a Valid Driver's License? Yes No StateExpires				
	Do you have a Valid Commercial Driver's License (CDL)? No Permit Class A Class B				
YOU MUST SIGN THIS APPLI	CATION. READ THE FOLLOWING CAREFULLY	BEFORE YOU SIGN.			

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize any reference checks as well as the investigation of all statements contained in this application for employment that may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. If selected for employment, I further understand that my employment upon passing a pre-employment physical, background investigation and/or a drug test. I also understand and acknowledge that all employees of the city are employees-at-will who may quit at any time for any reason and who may be terminated at any time for any or no reason.

Signature of Applicant	Date
J II	



EEO Information

• Not for Interviewing or Screening Purposes •

In accordance with Equal Employment laws, we are required to maintain statistical data on all applicants. We ask for your cooperation in completing and returning the following information. This form will be separated from your application and not used in the screening or interviewing processes.

Name		Social Security	y Nu	mber	Date of Birth	
Address					Telephone Number	
Gender:	Check one, if applicable:				your race/ethnic category:	
☐ Female ☐ Male Position Applied For:	□ Disabled Individual□ Vietnam Vetera□ Disabled Veteran			(original peoples of through tribal affi Asian or Pa	ndian or Alaskan Native of N. America who maintain cultural identification liation or community recognition) ucific Islander of the Far East, Southeast Asia, the Indian ne Pacific Islands)	
Where did you learn a	about this job opening?			Hispanic	exican, Puerto Rican, Cuban, Central or South	
	☐ Job Service ☐ JobLine ☐ Walk-in ☐ Job Fair eferral (employee's name)			American or other Black (not of (all persons havin Africa) White (not	r Spanish culture or origin regardless of race) of Hispanic origin) g origins in any of the Black racial groups of of Hispanic origin) g origins in any of the original peoples of Europe, ne Middle East)	
above name. I unders information blameles of or resulting from the	y city, county, state or federal agency, department and and realize that the information so released as for any error in reporting this information. I furne release of this information.	may prove unfa ther release all p	vora	ble to me. I onnel whom	agree to hold any source of	
NOTICE TO INDIVIDUALS WITH DISABILITIES, DISABLED VETERANS AND VIETNAM ERA VETERANS Federal government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era; and section 503 of the Rehabilitation Act of 1973, as amended, which requires the same of qualified disabled individuals.						
If you are a disabled provide information r	veteran or have a physical or mental disability, you egarding proper placement and appropriate accor- tion will not adversely affect any consideration y	ou are invited to nmodation to en	vol nable	unteer this i e you to per	nformation. The purpose is to form the job in a proper and safe	

If you wish to be identified, sign here: __